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PTO/SB/21 (09-04)

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

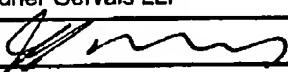
Total Number of Pages in This Submission

12

| | |
|------------------------|-------------------|
| Application Number | 10/028,795 |
| Filing Date | December 28, 2001 |
| First Named Inventor | BLACK, Brad R. |
| Art Unit | 2153 |
| Examiner Name | LIM, Krisna |
| Attorney Docket Number | PAT 2222-2 |

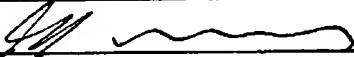
| ENCLOSURES (Check all that apply) | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Remarks Attention: MAIL STOP AMENDMENT Fax No.: 571-273-8300 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---|----------|--------|
| Firm Name | Borden Ladner Gervais LLP | | |
| Signature |  | | |
| Printed name | Jeffrey Measures | | |
| Date | December 5, 2005 | Reg. No. | 40,272 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

| | | | |
|-----------------------|---|------|------------------|
| Signature |  | | |
| Typed or printed name | Jeffrey Measures | Date | December 5, 2005 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 250.00)**Complete If Known**

| | |
|----------------------|----------------------|
| Application Number | 10/028,795 |
| Filing Date | December 28, 2001 |
| First Named Inventor | Brad R. BLACK et al. |
| Examiner Name | Krisna LIM |
| Art Unit | 2153 |
| Attorney Docket No. | PAT 2222-2 |

METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 501593 Deposit Account Name: Borden Ladner Gervais LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

Under 37 CFR 1.16 and 1.17

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fee Paid (\$) |
|------------------|-------------|--------------|-------------|--------------|------------------|--------------|---------------|
| | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity

Fee (\$)

Fee (\$)

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200

100

Multiple dependent claims

360

180

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|--|----------------|----------|---------------|
| 23 | - 20 or HP = 1 | x 50.00 | = 50.00 |
| HP = highest number of total claims paid for, if greater than 20 | | | |

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---|---------------|----------|---------------|
| 7 | - 3 or HP = 1 | x 200.00 | = 200.00 |
| HP = highest number of independent claims paid for, if greater than 3 | | | |

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

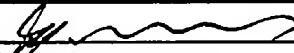
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|---------------|---|----------|---------------|
| _____ | - 100 = _____ | / 50 = _____ (round up to a whole number) x _____ = _____ | | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY

| | | | |
|-------------------|---|---|------------------------|
| Signature |  | Registration No. 40,272 (Attorney/Agent) | Telephone 613-237-5160 |
| Name (Print/Type) | Jeffrey M. Measures | | Date December 5, 2005 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DEC 05 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: **BLACK, Brad, R.; ULRICH, Garnet, C.; ASHTON, Peter, T.**
Serial No.: **10/028,795**
Filed: **December 28, 2001**
Title: **EFFICIENT CONTENT PLACEMENT USING NETWORK PROXIMITY**
Group: **2153**
Examiner: **Krisna LIM**
Attorney Ref.: **PAT 2222-2 US**

December 5, 2005

Commissioner for Patents
U.S. Patent and Trademark Office
220 20th Street S.
Mail Stop AMENDMENT
Crystal Plaza Two, Lobby, Room 1B03
Arlington VA 22202
U.S.A.

RESPONSE AND AMENDMENT

Dear Sir:

In response to the Office Action of September 8, 2005, please amend the above-identified application as follows:

Amendments to the Claims are described beginning on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.

12/06/2005 MBINAS 00000012 501593 10028795
01 FC:1202 50.00 DA
02 FC:1201 200.00 DA